

For Business Office Use

Appl. Fee Paid \_\_\_\_\_  
Date of Pmt. \_\_\_\_\_  
Receipt No. \_\_\_\_\_

## Application For Admission

BREWER STATE JUNIOR COLLEGE  
FAYETTE, ALABAMA 35555

Social Security No. \_\_\_\_\_  
Date of Application \_\_\_\_\_

Have you previously submitted an application to Brewer State Junior College? \_\_\_\_\_

Mr. \_\_\_\_\_  
Miss. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Last Name First Middle

Mailing Address \_\_\_\_\_  
Street or RFD City State Zip Code

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_ Religious Preference \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Parent's Name (Or Guardian) \_\_\_\_\_  
Parent's Address (Or Guardian) \_\_\_\_\_  
Street or RFD City State Zip Code

Are you a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Selective Service Number \_\_\_\_\_  
Classification: Freshman ( ) Sophomore ( ) Transfer ( ) Graduate ( ) Other ( )  
Desired Enrollment: Fall ( ) Winter ( ) Spring ( ) Summer ( ) 19 \_\_\_\_\_  
Do you plan to attend: Part time ( ) Full time ( ) Day ( ) Night ( ) Extension Courses ( )  
High Schools Attended: \_\_\_\_\_

Name	Location (City, County, State)	Graduation Date
_____	_____	_____
_____	_____	_____

Previous Colleges Attended: \_\_\_\_\_  
Name Location Dates of Attendance  
\_\_\_\_\_

Are you on academic or social probation or suspension from another college? \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_  
Program of Study: \_\_\_\_\_ Do you plan to teach? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Major)

College you plan to attend after leaving Brewer State? \_\_\_\_\_

Return to:

Office of Admissions  
Brewer State Junior College  
Fayette, Alabama 35555

\_\_\_\_\_  
Signature of Applicant



ADMISSION FORMS AND PROCEDURES  
Brewer State Junior College  
Fayette, Alabama 35555

I. Programs for credit (Day or Evening, Full Time or Part Time)

1. Complete the Student Health Form. All blanks must be completed and signed by the applicant and his parents or guardian.
2. Complete the Application for Admission.
  - a. All blanks must be completed.
  - b. A \$5.00 application processing fee must accompany the Application for Admission. (This is non-refundable.)
3. Request that the high school from which you graduated mail a copy of your transcript of your scholastic record directly to the Office of Admissions, Brewer State Junior College, Fayette, Alabama. (If you are now in high school, you may be tentatively admitted by having a transcript of all work completed sent to Brewer State.)
4. TRANSFER STUDENTS must request that official transcripts from each college previously attended be mailed to Brewer State.
5. Students may be admitted on basis of GED test. Present high school equivalency certificate and GED scores along with application for admission.

II. Audit Programs (Day or Evening)

1. Complete the Application for Admission.
2. Return the completed forms with the \$5.00 application processing fee to Office of Admissions, Brewer State Junior College, Fayette, Alabama 35555.

---

---

STUDENT HEALTH FORM  
Brewer State Junior College

Name \_\_\_\_\_  
Last First Middle

Person who may be contacted in case of emergency:

Name \_\_\_\_\_ Relation to applicant \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have any chronic health problem that requires observation or continued treatment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have a physician's summary of the illness forwarded with this health form.

Have you ever had any restriction placed upon the amount or nature of your exercise? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

---

Physical education exemptions must be accompanied by a doctor's statement.

The above information is correct and accurate to the best of my knowledge.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

---

Signature of Parent or Guardian